

PROSTHETIC LIMB HEALTH INSURANCE**PARITY**

2010 GENERAL SESSION

STATE OF UTAH

LONG TITLE**General Description:**

This bill amends the Insurance Code to require an insurer that provides a health benefit plan to offer coverage for prosthetic devices.

Highlighted Provisions:

This bill:

- defines terms;
- requires an insurer that provides a health benefit plan to offer at least one plan that provides coverage for prosthetic devices; and
- establishes terms of coverage and minimum requirements for access to providers.

Monies Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

ENACTS:

31A-22-638, Utah Code Annotated 1953

Be it enacted by the Legislature of the state of Utah:

Section 1. Section **31A-22-638** is enacted to read:

31A-22-638. Coverage for prosthetic devices.

(1) For purposes of this section:

(a) "Orthotic device" means a rigid or semirigid device supporting a weak or deformed leg, foot, arm, hand, back, or neck, or restricting or eliminating motion in a diseased or injured leg, foot, arm, hand, back, or neck.

(b) (i) "Prosthetic device" means an artificial limb device or appliance designed to replace in whole or in part an arm or a leg.

(ii) "Prosthetic device" does not include an orthotic device.

(2) (a) Beginning July 1, 2010, an insurer, other than an insurer described in Subsection (2)(b), that provides a health benefit plan shall offer at least one plan that provides coverage for benefits for prosthetics that:

(i) at a minimum, equals the coverage provided for under the federal Medicare program pursuant to 42 U.S.C. Secs. 1395k, 1395l, and 1395m and 42 C.F.R 414.202, 414.210, and 414.228 as applicable to this section; and

(ii) includes:

(A) all services and supplies necessary for the effective use of a prosthetic device, including:

(I) formulating its design;

(II) fabrication;

(III) material and component selection;

(IV) measurements and fittings;

(V) static and dynamic alignments; and

(VI) instructing the patient in the use of the device;

(B) all materials and components necessary to use the device; and

(C) any repair or replacement of a prosthetic device that is determined medically necessary to restore or maintain the ability to complete activities of daily living or essential job-related activities and that is not solely for comfort or convenience.

(b) Beginning July 1, 2010, an insurer that is subject to Title 49, Chapter 20, Public Employees' Benefit and Insurance Program Act, shall offer to a covered employer at least one plan that provides coverage for prosthetics that complies with Subsections (2)(a)(i) and (ii).

(3) The coverage described in this section:

(a) may, except as otherwise provided in this section, be made subject to cost-sharing provisions, including dollar limits, deductibles, and co-insurance, that are not less favorable to the insured than the cost-sharing provisions of the health benefit plan that apply to physical illness generally;

(b) may impose a copayment and coinsurance amounts on a prosthetic device, not to

63 exceed the copayment or coinsurance amounts imposed under Part B of the Medicare
64 fee-for-service program; and

65 (c) shall reimburse for a prosthetic device at no less than the fee schedule amount for
66 the prosthetic device under the federal Medicare reimbursement schedule.

67 (4) If the coverage describe in this section is provided through a managed care plan,
68 offered under Chapter 8, Health Maintenance Organizations and Limited Health Plans, or
69 under a preferred provider plan under this chapter, the insured shall have access to medically
70 necessary clinical care and to prosthetic devices and technology from not less than two distinct
71 Utah prosthetic providers in the managed care plan's provider network.

Legislative Review Note

as of 9-30-09 3:56 PM

Office of Legislative Research and General Counsel